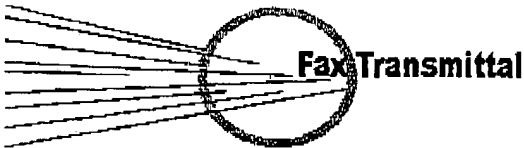


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Date July 6, 2004  
Our File 41554-0011  
To James O. Hansen  
Company United States Patent and Trademarks Office  
Fax number 1-703-872-9326  
From David J. Heller  
Number of pages including this one 14  
Original \_\_\_\_\_ By Mail \_\_\_\_\_ By Courier X Not Sent

## Message

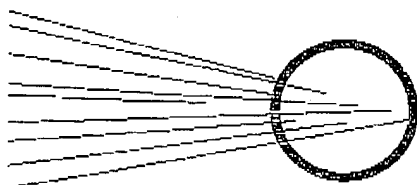
PLEASE CONTACT LUCY AT (416) 868-1482 IF YOU HAVE ANY QUESTIONS OR COMMENTS REGARDING THIS TRANSMISSION.

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July 6, 2004

BY FACSIMILE: 1-703-872-9326

U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, Virginia 22202  
U.S.A.

OFFICIAL

Dear Sirs:

Re: UNITED STATES: Patent Application No. 10/055,981  
Applicant: Julian Bowron  
Title: MODULAR KIOSK  
Art Unit: 3637  
Our File: 41554-0011

This is in response to the Notice of Non-Compliant Amendment mailed June 15, 2004.

Please find enclosed a revised amendment, listing the text of all claims, including withdrawn claims.

Favourable consideration is respectfully requested.

Yours very truly,

DJH:lc  
Encl.One Queen St. East  
Suite 2400, TorontoTelephone 416.868.1482  
Facsimile 416.362.0823Also in Ottawa and  
Mississauga

JUL 06 2004

Our File: 41554-0011 DJH:STM

**IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE**

OFFICIAL

**In The Matter of Patent Application:**

Applicant : Julian Bowron  
Serial No. : 10/055,981  
Filing Date : January 28, 2002  
Title : MODULAR KIOSK  
Examiner : James O. Hansen  
Art Unit : 3637

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To: U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, Virginia 22202  
U.S.A.

**BY FAX: 1-703-872-9326**

Dear Sir:

This is in response to the Examiner's Report of December 30, 2003. Please amend this application as follows:

**Amendments to the Specification** begin on page 2 of this letter.

**Amendments to the Claims** begin on page 3 of this letter.

**Remarks/Arguments** begin on page 8 of this letter.

Excess claim fees of \$124.00 for 9 additional claims (\$81.00) and 1 additional independent claim (\$43.00) are included in our authorization of today's date. Please charge any deficiency or credit any overpayment in the fee to our Deposit Account No. 13-2400.